



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

Infectious Disease Section  
Tuberculosis Control Program  
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[DATE]

**Re: Overseas TB Classifications (B1, B2, B3) and TB Data Collection Follow-up**

The purpose of this letter is to present overseas TB classification definitions, to describe the contents of the Connecticut Department of Public Health (DPH)'s TB classification notification packet, to outline how DPH processes the TB screening data that it receives.

This letter does **not** set out a specific protocol for screening or treatment of all refugees or immigrants with overseas TB classifications. For questions about specific patients, please contact the DPH TB Control Program for assistance.

**A. Overseas TB classifications and their descriptions**

**1. What are Overseas TB Classifications?**

The Centers for Disease Control and Prevention (CDC) provides guidance for medical practitioners—both overseas and domestically—who offer assessments and health care for newly-arriving refugees and immigrants to the U.S. (<http://www.cdc.gov/immigrantrefugeehealth/pdf/tb-ti-civil.pdf>). During the overseas medical health assessment process, refugees and immigrants are given a TB classification. Possible TB classifications and their definitions are shown in the chart below.

<b><u>TB CLASS</u></b>	<b><u>DESCRIPTION</u></b>
<b>No TB classification</b>	Applicants with normal TB screening examinations.
<b>Class A TB with waiver</b>	Applicants who have TB disease and have been granted a waiver.

<b><u>TB CLASS</u></b>	<b><u>DESCRIPTION</u></b>
<b>Class B1 TB, Pulmonary: No Treatment</b>	Applicants who have medical history, physical exam, or CXR findings suggestive of pulmonary TB but have negative AFB sputum smears and cultures and are not diagnosed with TB or can wait to have TB treatment started after immigration.
<b>Class B1 TB, Pulmonary: Completed Treatment</b>	Applicants who were diagnosed with pulmonary TB and successfully completed directly observed therapy prior to immigration.
<b>Class B1 TB, Extrapulmonary</b>	Applicants with evidence of extrapulmonary TB.
<b>Class B2 TB, LTBI Evaluation</b>	Applicants who have a TST $\geq 10$ mm but otherwise have a negative evaluation for TB.
<b>Class B3 TB, Contact Evaluation</b>	Applicants who are a contact of a known TB case.

Adapted from: CDC Immigration Requirements: Technical Instructions for Tuberculosis Screening and Treatment; Using Cultures and Directly Observed Therapy, October 1, 2009, pp. 21-22.  
<http://www.cdc.gov/immigrantrefugeehealth/pdf/tuberculosis-ti-2009.pdf>.

## 2. How does DPH receive TB classification information about recent refugee or immigrant arrivals?

CDC sends daily electronic notifications about TB classifications to each state through its Electronic Disease Notification System (EDN). DPH's Refugee and Immigrant Health Program receives information regarding: 1) all new refugee arrivals (regardless of TB classification); and 2) official immigrant arrivals only if they received a TB classification during their medical exams overseas. These electronic notifications include demographic information as well as scanned, original overseas medical documents and a transcribed, typed version of those documents.

### **B. Contents of the DPH TB Classification Notification Packet**

#### 1. What are the documents in the notification packet?

When DPH receives notifications about arrivals who have a TB classification, the Refugee and Immigrant Health Program sends a cover letter and an information packet to both the local health department director and to the arriving person's sponsor(s) (e.g. refugee resettlement agencies and/or sponsoring individuals). The information packet consists of: 1) a "TB Follow-Up Worksheet" generated by the CDC, and 2) copies of both the scanned overseas medical documents and the transcribed version of those documents.

a. Cover Letters. There are two (2) cover letters included in the TB classification Notification Packet. The letters have slightly different purposes and information. One cover letter is addressed to the alien's sponsor/sponsoring agency. The sponsor is asked to help arrange a TB evaluation, and to have the health provider fill in TB Follow-up Worksheet and send it back to the appropriate local health department.

The other cover letter is addressed to the Director of the local health department of the area in which the entrant alien will be settling. The local health department is requested to document the results of the provider's TB evaluation, and to send the TB Follow-up Worksheet to the DPH TB Control Program.

b. TB Follow-Up Worksheet. This worksheet is generated by CDC and is pre-populated with available demographic information for the specific refugee or immigrant with a TB classification. The Worksheet provides space for the U.S. medical provider to review and assess the attached overseas medical documents, to conduct and report domestic TB testing, and to document recommendations for treatment, if necessary. NOTE: Medical screening information from overseas documents should **not** be filled in on the TB Follow-Up Worksheet, except in comparing Chest X-ray findings.

c. Overseas medical documents. These are electronically-scanned records of the refugee's or immigrant's medical screenings at their points of departure for the U.S. Documents include: demographic information, classifications for TB and other significant public health conditions, patient medical history and examination(s), chest x-ray sheet(s), vaccination sheet, and an informed consent sheet. Occasionally included are lab reports or various summaries of other types of evaluations.

d. Transcribed (typewritten) versions of the overseas documents. Produced by the CDC, these are typed copies of the overseas documents. Often, instead of directly typing all notations, the typed documents note: "See Scanned Documents". This refers to the original overseas documents, included in the packet, which have been scanned into a computer for easier transmission. Often the scanned documents are more complete than the transcribed versions, and should be reviewed by the health care provider for additional medical information.

## 2. What should I do with the packet?

a. Arrange/conduct a TB screening/assessment for the person. Often, the person's sponsor or a refugee resettlement agency will contact you about arranging an appointment.

b. Review and/or complete the TB Follow-Up Worksheet with findings from the TB evaluation. Please be sure to include dates of tests, evaluations, treatments, and evaluation disposition, as well as all other appropriate information.

c. Send the completed TB Follow-up Worksheet to DPH, and if appropriate, to the local health department.

d. If repeated attempts to contact the individual or his/her sponsor fail, please fill out and send the TB Follow-up Worksheet, noting dates and times of attempted contacts, to DPH (and the local health department, if appropriate). This enables us to update and close out the file. If the person has moved, please obtain full contact information, including a phone number. DPH will then transfer information to the new jurisdiction.

## **C. How DPH uses the TB Follow-up Worksheets we receive**

### **1. Data entry, analysis, and reporting**

As a condition of federal and state agreements and grants, DPH is regularly required to submit reports about TB and LTBI evaluations and dispositions, treatment start and completion dates, and trend data. The findings reported on TB Follow-up Worksheets are therefore a key portion of DPH surveillance activities.

When DPH receives TB Follow-Up Worksheets which have TB evaluation information for refugees or immigrants with overseas TB classifications, we enter the findings into two DPH databases. The Refugee and Immigrant Health Program staff also compiles information about treatment and follow-up, as appropriate. These data are periodically analyzed and reported to CDC and relevant state agencies as necessary.

### **2. Closing the information gap for state and local TB providers**

The Refugee and Immigrant Health Program aims for complete and accurate records for TB evaluation and treatment of arriving refugees and immigrants. Unfortunately, gaps remain in the data between what DPH has been notified of, and the work already done by providers and local health department staff. Work is currently under way to address these information gaps in the state's refugee and immigrant TB notification process.

In the future, the Refugee and Immigrant Health Program hopes to regularly request status updates from, and provide updates to, local health departments. This communication may rely on either faxed documentation, or possibly, the state's encrypted e-mail system (Tumbleweed).

Thank you for your assistance as we work to streamline and clarify the TB follow-up processes for refugees and immigrants. If you have further questions or comments, please contact the Refugee and Immigrant Health Program.

Very truly yours,

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